

REMARKS

By the foregoing Amendment, Claim 20 has been amended. Favorable reconsideration of the application is respectfully requested.

Claims 20 and 22 were rejected under 35 U.S.C. §102(e) on the grounds of anticipation by Ahern et al., which was cited as disclosing a yieldable distal tip having a frustoconical shape to retain an implant. Claim 20 has been amended to recite that the tubular distal end of a catheter has a frustoconical shape, and "a tubular distal tip mounted to said distal end of said catheter," "said distal tip having a frustoconical shape corresponding to the frustoconical shape of the distal end of said catheter, and the diameter of the distal opening of the distal tip being smaller than a portion of the endoluminal therapeutic device for capturing and releasably retaining said portion of the endoluminal therapeutic device between said distal end of said catheter and said distal opening of said tubular distal tip."

Ahern et al. discloses a tubular catheter with a plurality of flexible fingers 54 releasably retaining drug delivery pellets between the flexible fingers at the constricted end of the catheter and a plunger 58. As is described in Ahern et al. at column 8, lines 8-20, retention of the drug delivery pellets at the distal end of the catheter requires that the plunger be precisely held in place with an arrangement of a grooved plate and corresponding inner threads in the tubular catheter, whereas in the present invention the endoluminal therapeutic device is retained at the distal end of the catheter between the catheter distal end and the distal tip that is mounted to the catheter distal end, without the

need for placement or manipulation of a pusher member to dislodge the endoluminal therapeutic device until the endoluminal therapeutic device is to be deployed. It is therefore respectfully submitted that Claims 20 and 22 are novel and inventive over Ahern et al., and that the rejection of Claims 20 and 22 on the grounds of anticipation by Ahern et al. should be withdrawn.

Claims 20-22 were rejected under 35 U.S.C. §103(a) on the grounds of obviousness from Palermo, which was cited as disclosing all the limitations except for distal tip formed of a yieldable material. Claim 20 has been amended to recite that the tubular distal end of a catheter has a frustoconical shape, and "a tubular distal tip mounted to said distal end of said catheter," "said distal tip having a frustoconical shape corresponding to the frustoconical shape of the distal end of said catheter, and the diameter of the distal opening of the distal tip being smaller than a portion of the endoluminal therapeutic device for capturing and releasably retaining said portion of the endoluminal therapeutic device between said distal end of said catheter and said distal opening of said tubular distal tip."

It is respectfully submitted that Palermo fails to teach, disclose or suggest a catheter with a tubular distal end having a frustoconical shape, and a tubular distal tip mounted to the distal end of said catheter, and having a frustoconical shape corresponding to the frustoconical shape of the distal end of the catheter, and the diameter of the distal opening of the distal tip being smaller than a portion of the endoluminal therapeutic device for capturing and releasably retaining a portion of the endoluminal therapeutic device between the distal end of the catheter and the distal

opening of the tubular distal tip, as is claimed.' It is therefore respectfully submitted that Claims 20-22 are novel and inventive over Palermo, and that the rejection of Claims 20-22 on the grounds of obviousness from Palermo should be withdrawn.


Claim 21 was rejected under 35 U.S.C. §103(a) on the grounds of obviousness from Ahern et al., which was cited as disclosing all the limitations except for the presence of materials for making the yieldable distal tip as claimed. Claim 21 depends from Claim 20, and it is respectfully submitted that Ahern et al. fails to teach, disclose or suggest a catheter with a tubular distal end having a frustoconical shape, and a tubular distal tip mounted to the distal end of said catheter, and having a frustoconical shape corresponding to the frustoconical shape of the distal end of the catheter, and the diameter of the distal opening of the distal tip being smaller than a portion of the endoluminal therapeutic device for capturing and releasably retaining a portion of the endoluminal therapeutic device between the distal end of the catheter and the distal opening of the tubular distal tip, as is claimed. It is therefore respectfully submitted that Claim 21 is novel and inventive over Ahern et al., and that the rejection of Claim 21 on the grounds of obviousness from Ahern et al. should be withdrawn.

In light of the foregoing amendments and remarks, it is respectfully submitted that the application should now be in condition for allowance, and an early favorable action in this regard is respectfully requested.

Respectfully submitted,

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